Culturally Responsive TF-CBT via Telehealth for Latinx Youth and Families

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Learning Objectives

1. Identify common telehealth implementation barriers and the research support behind using telehealth with Latinx youth and families.
2. Describe at least five ways to adapt traditional CBT practices to a telehealth format for Latinx youth and families.
3. Describe how to incorporate cultural considerations to enhance treatment engagement for Latinx youth and families.

Mental Health Disparities for Latinxs

• Trauma exposure is high among immigrant Latinx youth:
  • 67% experience at least 1 trauma event in their lifetime (Cleary et al., 2018)
• Latinx youth are:
  • less likely to access mental health services,
  • less likely to receive evidence-based care, and
  • more likely to drop out of treatment compared to non-Latinx White youth (Alegría et al., 2015)
Barriers to Treatment

- Accessibility
- Affordability
- Advocacy
- Appropriateness
- Availability

(Aguilar-Gaxiola et al., 2012; Falgas et al., 2018)

Workforce Shortage

- Licensed Psychologists are not representative of the US population (APA, 2015).
- Only 5.5% of Licensed Psychologists speak Spanish (APA, 2015).

Source: data.HRSA.gov, January 2022
Summary:

Latinx families have more barriers accessing evidence-based mental health care.

There are few culturally-sensitive and linguistically-congruent mental health professionals for Latinx families.

When therapy is accessed, Latinx youth receive lower quality care and/or drop-out.

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Telehealth Model of Care

Telehealth can increase access to evidence-based care and keep Latinx in treatment (Luiselli & Fischer, 2016):

- Clients can connect from a variety of remote locations
- Cost-effective (e.g., travel time, transportation costs, missed work)
- Increases geographic coverage of service providers
- Reduces stigma
Evidence

• Telemental health is **equally effective** as in-person treatment for children and adults, and across disorders (Barshur et al., 2016).

• RCTs for child mental health problems:
  - ADHD (Myers et al., 2015)
  - Anxiety (Himle et al., 2012)
  - Depression (Nelson et al., 2003)

• Additional pilot or non-RCT studies: [https://www.div12.org/telepsychology-resources/](https://www.div12.org/telepsychology-resources/)

TF-CBT for Trauma Exposed Youth

• Trauma-focused Cognitive Behavioral Therapy (TF-CBT; Cohen et al., 2012) has a strong evidence base and effective treatment for trauma in children and adolescents (Lewey et al., 2018; Mavranezouli et al., 2020).

• In addition to trauma symptoms, youth exhibit decreases in depression, anxiety, and sleep difficulties (Lenz & Hollenbaugh, 2015).

• TF-CBT has demonstrated effectiveness in residential (Joiner & Buttell, 2018), community (Cohen et al., 2011), and under resourced settings in Latin America (Orengo-Aguayo et al., 2020).
TF-CBT Session Breakdown (Cohen et al., 2017)

- **Time:** 8 - 16 Sessions
  - **Parenting Skills**
  - **Gradual Exposure**

- **Stabilization Phase**
  - (P) Psychoeducation
  - (R) Relaxation
  - (A) Affect Modulation
  - (C) Cognitive Coping

- **Trauma Narration Phase**
  - (T) Trauma Narrative & Processing

- **Integration/Consolidation Phase**
  - (I) In Vivo
  - (C) Conjoint Sessions
  - (E) Enhancing Safety

- **Phase Breakdown**
  - Stabilization: 1/3
  - Trauma Narration: 1/3
  - Integration: 1/3

- **Resource**
  - SCCAP53.org
  - effectivechildtherapy.org

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TF-CBT via Telehealth: Initial Evidence

- **Case studies for school-based telehealth:**
  - African American youth (Stewart et al., 2019; N=3)
  - Latinx youth (Stewart et al., 2017a; N=4)
  - Rural setting (Shealy et al., 2015; N=1)

- **Feasibility study** (Stewart et al., 2017b; N=15)

- **Tablet-facilitated application** (Davidson et al., 2019; N=27)

- **Community-based open pilot study** (Stewart et al., 2020; N=70)
How can we transfer the tools and techniques we use in-person to online settings?

Tools and Resources

- [https://telehealthfortrauma.com](https://telehealthfortrauma.com)

Recommendation #1: Use interactive activities

- **(P)** Psychoeducation
- **(R)** Relaxation
- **(A)** Affect modulation

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Recommendation #2: Utilize physical things in the child’s environment

- **(R)** Relaxation
- **(A)** Affect modulation
- **(T)** Trauma narrative

• Consider mailing items to the home or school so that the child can physically manipulate objects during sessions.
  - stress balls
  - mindfulness cards
  - bubbles
  - markers and paper
  - fidget toys

Recommendation #3: Tailor activities to each child’s interests to enhance engagement

- **(R)** Relaxation
- **(A)** Affect modulation
- **(C)** Cognitive coping
- **(T)** Trauma narrative
Recommendation #4: Adapt worksheets and activities for digital use

- All modules (PRACTICE)

Recommendation #5: Use technology to your advantage

- (P) Parenting Skills
- (I) In Vivo Exposures

- Teach parenting skills live when disruptive behaviors occur
- Taking telehealth device on in-vivo exposure assignments
- Chat function to send clients links to videos, webpages, and files
Engaging Latinxs in Treatment

- Culturally-sensitive approaches can increase Latinxs treatment engagement by increasing acceptability and meaningfulness of therapy (Alegria et al., 2010).

- TF-CBT clinicians should incorporate cultural values and culturally-specific coping strategies to improve treatment outcomes and reduce dropout (de Arellano et al., 2012).

- Our recommendations are based off previous work with trauma-exposed Latino youth who received services via outreach and telehealth (de Arellano et al., 2012; Nicasio et al., 2022).
Recommendation #1:
Orient clients to culturally responsive therapy

- Stigma and mental health literacy can impact whether clients decide to stay in therapy
  - Ask about beliefs related to mental health, therapy, and resilience
- *Respeto* and *simpatía* can keep some families from openly voicing concerns or disagreement
  - Give clients permission to provide feedback

Recommendation #2:
Assess and incorporate cultural values into therapy

- Assess shared family values and client-specific values/identities
- Approach/style
  - Development of trust and building rapport via telehealth – *Personalismo* to develop *Confianza*
  - Telehealth communication style – *Respeto*
- Enhancing therapy
  - Family involvement in telehealth – *Familismo*
  - Incorporating religious beliefs – *Spiritualismo*
Recommendation #3:
Assess acculturation and differences between caregiver and youth

- Multigenerational/multifamily households
- Consider how acculturation differences can impact family dynamics
- Therapist can be a cultural broker between caregiver and youth
- Shared culturally-focused activities can help enhance understanding and communication

Recommendation #4:
Assess language proficiency, preference, and patient-caregiver language discordance

- Youth and parents can have different language preferences
- Consider the structure of conjoint sessions to accommodate languages
- Some clients may speak indigenous languages (e.g., Mam, K’iche’)
  - Interpreter services
  - Translation apps
Common Cognitive Behavioral Therapy Tools

- Self-report measures
- Self-monitoring forms and thought records
- Client worksheets
- Activity scheduling for behavioral activation
- Writing on a whiteboard
- Creating exposure hierarchies
- Instructions for relaxation techniques
- Handouts for psychoeducation
- Safety plans

Many CBT tools require some degree of literacy for clients.

Literacy Considerations: Trauma Assessment (UCLA PTSD Reaction Index for DSM-5)

**FREQUENCY RATING SHEET**

Cuánto del tiempo DURANTE EL ÚLTIMO MES, PASÓ EL PROBLEMA?

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Literacy Considerations: Symptom Measures (PHQ-9)

Recommendation #5:
Use technology to enhance cultural relevance

- Adapt therapy materials to be more representative of your client and their community
- Incorporate the client’s own words/phrases into handouts
- Include images that resembles the physical and cultural characteristics of the child

SCCAP53.org  effectivechildtherapy.org
Thoughts ➔ Feelings!
What feelings would follow this thought?

That dog is staring at me. He looks mean. I bet he wants to jump on me or bite me!

FEELING = Scared, worried

Remember...

Telehealth can address barriers that Latinxs have when accessing traditional office-based services.

Therapy tools can be adapted for use online. Be creative and know your technology.

Cultural and linguistic factors will impact your approach to telehealth with Latinx clients.

Share your ideas and resources with others!
Thank you!

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